

STATE OF HAWAII  
**NOTICE OF AND REQUEST FOR  
 RESTRICTIVE PURCHASE OF SERVICE  
 PURSUANT TO §103F-403, HRS**

**RECEIVED**  
 State Procurement Office  
 12/12/16

To: Chief Procurement Officer

From: DHS/Division of Vocaitonal Rehabilitation  
*Department/Division/Branch or Office*

Pursuant to §103F-403, HRS, and Chapter 3-144, HAR, the department head has made a determination that an adequate basis for a restrictive purchase of services exists and requests approval to make a restrictive purchase for the following:

1.	Title and description of health and human service(s):	<p>The Centers for Independent Living (CILs) are consumer-controlled, community based, cross-disability, nonresidential, private nonprofit agencies for the provision of Independent Living (IL) Services. At a minimum, CILs are required to provide the following five IL Services: (1) information and referral; (2) IL skills training; (3) peer counseling; (4) individual and systems advocacy; and (5) services that facilitate transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions, and facilitate transition of youth to postsecondary life.</p> <p>Centers also may provide, among other services: psychological counseling, assistance in securing housing or shelter, personal assistance services, transportation referral and assistance, physical therapy, mobility training, rehabilitation technology, recreation, and other services necessary to improve the ability of individuals with significant disabilities to function independently in the family or community and/or to continue in employment. The Workforce Innovation Opportunity Act establishes a set of activities whose standards and assurances must be met by the IL programs.</p>
2.	Provider Name and Address:	<p>Access To Independence          200 N. Vineyard Blvd          Suite 508, Box 4          Honolulu, HI 96817</p>
3.	Total Contract Funds:  Contract Funds per Year (if applicable):	<p>\$75,000</p>
4.	RH No. of Previous Request for this Service (if applicable)	
5.	Term of Contract:	<p>Start: 4/01/2017      End: 9/30/2018</p> <p>If the contract term is longer than 1 year, provide justification for the extended term:          Approved State Plans for Independent Living (SPILs) show how federal, state and other funds will be used to support the state's independent living programs. The federal funding source for the requested contract changed from the Rehabilitation Services Administration (RSA) to Health and Human Services (HHS). The transition process caused a delay in the approval and acceptance of Hawaii's SPIL. The request for an 18 month contract is to be consistent with the Federal Fiscal Year and grant reporting time-frame.</p>

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6. Describe the circumstances justifying a restrictive purchase:

The Independent Living Formula Grant Program is authorized Under Title VII, Chapter I, Part B of the Rehabilitation Act, as Amended by the Workforce Innovation and Opportunity Act (WIOA) of 2014. The SPIL governs the provision of IL Services in each State and must be approved by (1) the Administrator of the Division of Vocational Rehabilitation (DVR), State Department of Human Services, (2) the chairperson of the Statewide Independent Living Council of Hawaii, and (3) directors of the Centers of Independent Living in Hawaii.

Funds received under this program are used to carry out the purposes of the Independent Living State Grants Program described in section 713 of the Rehabilitation Act as amended. The approved 2017-2019 SPIL states that the Grant will be used to support the operation of centers for independent living that are in compliance with the standards and assurances set forth in subsections (b) and (c) of section 725.

The SPIL (Part II Section 1) designates the Centers for Independent Living (CILs) as one of the entities responsible for meeting the identified goal and objectives for Independent Living Services in Hawaii. Additionally, the CILs will need to comply with the new service requirements that facilitate transition, including youth, deferment and deinstitutionalization.

The State of Hawaii has two Centers for Independent Living which provides services based on geographical locations. Access to Independence provides services to persons with disabilities in the urban areas on the Island of Oahu. The restrictive purchase agreement will provide IL services to the unserved/underserved persons in the area.

The Hawaii SPIL can be found on the US Department of Health and Human Services website at: <https://mis.acl.gov/view.cfm?dcf=SPIL&state=HI&grant=90IS0069-01>

7. Describe the efforts and results in determining that this is the sole provider who can render services. Include approximate dates:

Centers for Independent Living (CILs) that receive funding directly from the Federal Government must comply with applicable regulations in 34 CFR §366.2. In order to receive these Federal funds (Independent Living Part C Grant), an applicant organization must submit a proposal that is subjected to peer reviews by panels that include persons who are not government employees and who have experience in the operation of centers for independent living.

Centers must demonstrate minimum compliance with the following evaluation standards: promotion of the IL philosophy; provision of IL services on a cross-disability basis; support for the development and achievement of IL goals chosen by the consumer; efforts to increase the availability of quality community options for IL; provision of IL core services; resource development activities to secure other funding sources; and community capacity-building activities.

Access to Independence was identified as an Independent Living Center by the Federal Government for the State of Hawaii and was awarded the Part C Grant on 10/01/2014, and therefore has the qualifications and experience to comply with the requirements of the Part B grant.

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8. List state agency personnel, by position title, who will be involved in the approval process and administration of the contract: Lorene Gokan- Program Specialist
9. Direct questions to (name & position): Lorene Gokan- Program Specialis Phone number: 808-586-9746 e-mail address: lgokan@dhs.hawaii.gov

I certify that the information provided above is to the best of my knowledge true and correct.

  
\_\_\_\_\_  
Department Head Signature

12/9/16  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Typed Name Pankaj Bhanot

**NOTICE**

Pursuant to §103F-403, Hawaii Revised Statutes and Chapter 3-144, Hawaii Administrative Rules, the aforementioned purchasing agency has submitted a request to the chief procurement officer for a restrictive purchase of service for health and human services, and if approved, intends to purchase the service without issuing a request for proposals.

Any person may file a written protest under the procedures established under Chapter 3-148, Hawaii Administrative Rules, located on the web at [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click *Statutes and Rules* and *Procurement of Health and Human Services*. Protests shall be hand delivered or postmarked by United States Postal Service within seven (7) days after the date this notice is first published on the internet. If hand delivered it must be submitted by 4:30 PM, Hawaii Standard Time, within seven days after day this notice is first published. Protests must be submitted to the following procurement officer **and** head of the purchasing agency:

***Procurement Officer for this Procurement***

Lorene Gokan, Program Specialist  
DHS/DVR  
600 Kapiolani Blvd., #304  
Honolulu, HI 97813

***Head of Purchasing Agency***

Pankaj Bhanot, Director  
Department of Human Services  
1390 Miller St.  
Honolulu, HI 96813

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Protest forms and instructions are on the web at: [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click *Health and Human Services, Chapter 103F...* and *Forms for Private Providers*. Questions should be directed to the contact person noted in item 9 of the request.

*Published:* 12/12/16

**FOR CHIEF PROCUREMENT OFFICER USE ONLY**

Chief Procurement Officer's Comments:

APPROVED     DISAPPROVED     NO ACTION

\_\_\_\_\_  
*Chief Procurement Officer Signature*

\_\_\_\_\_  
*Date*

Please ensure adherence to applicable administrative requirements.